

Appeal application form

Inclusion on the Protection of Children (PoCA) List
or Protection of Vulnerable Adults (PoVA) List

For office use onlyCase reference
numberOffice stamp
(date received)

Use this form to appeal to the First-tier Tribunal (Care Standards) in all cases involving a decision of the Secretary of State or the Justice of the Peace in relation to inclusion of your name on the Protection of Children (PoCA) or on the Protection of Vulnerable Adults (PoVA) List.

Please complete this form in CAPITAL LETTERS or type and either return it by post, email or fax, details at the end of this form.

A – Applicant's details (please provide a UK address)Title ☐ Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other (please specify) Surname First name(s) Address

Postcode Telephone number Mobile number Email address **B – Your representative's details**Name Profession Address

Postcode Telephone number Mobile number Fax number Email address

Important: We can only send papers and documents to one of the people named on this form. If you do not tell us otherwise we will automatically send the papers to you.

Who should receive information about the appeal?

☐ You ☐ Your representative

C – Decision of the Secretary of State in relation to inclusion of your name on the Protection of Children (PoCA) or on the Protection of Vulnerable Adults (PoVA) List.

I want to: (tick where appropriate)

1. Appeal against a decision by the Secretary of State:

See * Note and complete paragraph 3 and 4

- ☐ to include my name on the **PoCA** list
- ☐ not to remove my name from the **PoCA** list*
- ☐ to include my name on the **PoVA** list
- ☐ not to remove my name from the **PoVA** list*

*** Note:** You need leave to appeal from the tribunal if you are appealing against a decision by the Secretary of State not to remove your name from the list or if you are asking the tribunal to determine the issue of your inclusion on the list following a provisional listing for more than nine months.

or

2. Apply to the tribunal to determine whether my name should be included on the PoCA/PoVA list following the provisional inclusion of my name for more than nine months

☐ **PoCA** list

☐ **PoVA** list

Please answer the following questions:

2a. Have there been any criminal or civil proceedings about the alleged misconduct?

☐ Yes ☐ No

If Yes, please give details over the page – 'Reasons for appeal or request for leave to appeal'

2b. Have proceedings finished?

☐ Yes ☐ No

If Yes, please give date when proceedings finished

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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3. Have you applied to the tribunal to have your name removed from the list before?

☐ Yes ☐ No

If Yes, give the dates (and if possible application numbers) of earlier applications.

Date(s)	Application No(s):
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

4. If you are included on both the PoCA and PoVA lists, which list were you placed on first or as a primary referral?

☐ PoCA ☐ PoVA

5. Have you attached a copy of the decision under appeal?

☐ Yes ☐ No

If No, please give reasons why not

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D – Type of hearing

If you do not want an oral hearing and the Tribunal agrees, your appeal will be determined on the written evidence that you and the other party submit.

Do you want your case to be considered by a panel on the papers and neither party attends?

☐ Yes ☐ No

E – Interpreter

Do you or your witnesses require an **interpreter** at either the Telephone Case Management Hearing or the final hearing?

☐ Yes ☐ No

If Yes, please state which language.

F – Is the appeal in time - see time limits at section H.

☐ Yes - **Continue to section G**

☐ No - Read below

If you know your appeal is late, or you are not sure if it will be received in time, you must apply for an extension of time. Explain why your appeal is late in the box below.

If you are unsure about the time limit, refer to the guidance 'Appealing to the First-tier Tribunal (Care Standards) – a guide to the appeals procedures' (available from Care Standards website: www.justice.gov.uk/tribunals/care-standards) or contact the Care Standards Office for advice (details at the end of the form).

Attach any evidence/additional sheets if necessary.

G – Reasons for appeal

Give full reasons why you think the decision of the **Respondent** is wrong.
Please also say what result you are seeking from your appeal.

Please note: You **MUST** include with this appeal application a copy of any written record of the Notice of Decision against which you are appealing and statement of reasons obtained from the respondent.

Continue on a separate sheet if necessary.

H – Other information and your signature

Telephone Case Management Hearing (TCMH) and main hearing;

1. The Case will be listed for a preliminary directions hearing by way of a **Telephone Conference Call** with you, and/or your representative, the Respondent and a Judge. We will send you a guide to the TCMH when your appeal has been registered.
2. In the call, you will be asked about the witnesses you want to call and about the length of time the hearing may take.
3. Prior to the call, the Respondent will write to you or call you to discuss draft directions and the issues which will be discussed at the TCMH.
4. If you want the Tribunal to issue a summons requiring any witness to attend the hearing because they have refused to attend, please raise the matter with the Judge at the TCMH.
5. The main hearing will be heard in public unless the Tribunal directs that it, or any part of it be heard in private. If you want your hearing or part of it to be heard in private, please raise the matter with the Judge at the TCMH and explain why.
6. The Tribunal can make an order prohibiting the disclosure or publication of any specified document or information relating to the appeal proceedings. If you want the Tribunal to make such an order, please raise the matter with the Judge at the TCMH and explain why.
7. An **interpreter can be arranged** for the TCMH and the final Hearing, please complete Section G if one is needed.

Oral/Paper Hearing

If you and the Respondent do not want an oral hearing and the Tribunal agrees, your appeal will be determined on the written evidence that you and the other party submit.

Paper hearings are not suitable for cases which require the Tribunal to determine facts. They may be suitable for emergency hearings.

Sign and date this form

If you have completed all the sections relevant to your appeal you should now **sign and date this form** and return it immediately to Care Standards at the address given at the end of this document.

Time limits for appeal - please read carefully

Please note that you **must** complete and return this application within the following time limits for:

- Appeal against a decision of the Secretary of State to place your name on the Protection of Children Act List*, the Protection of Vulnerable Adults List* - Three months from date of notification of decision. We aim to deal with appeals in 30 weeks from registration date.

* If you have been placed on these lists on a provisional basis, you can ask the Tribunal to decide whether you should be on the list after a period of nine months provisional listing.

Your signature:

Date:

This form can be signed by the person bringing the appeal or by their Legal Representative.
(A typed signature is acceptable)

When you have completed this form, send it **with a copy of the decision letter** sent to you, giving you the right to appeal **and any other relevant documentation**.

Care Standards contact details

Post:

HM Courts & Tribunals Service
Care Standards
1st Floor, Darlington Magistrates' Court
Parkgate
Darlington
DL1 1RU

Telephone: 01325 289350

Email: cst@hmcts.gsi.gov.uk

Fax: 01264 785013

For further information about appeals to the Tribunal, go to the Care Standards website: www.justice.gov.uk/guidance/courts-and-tribunals/tribunals/care-standards/index.htm